Advanced MEPRS and Financial Reconciliation

RECONCILIATION OF INPATIENT WORKLOAD

Burma Barfield

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UNCLASSIFIED

IMPORTANCE OF STANDARDIZED MEPRS REPORTING – INPATIENT DATA

- **THE WWR HAS 4,849 OBDs, AND THE CHCS MEPRS MONTHLY ACTIVITY REPORT SHOWS 4,847 OBDs AFTER ICU OBDS ARE SUBTRACTED. THIS IS A DIFFERENCE OF 2 OBDs.**

- **THE DIFFERENCE OF 2 OBDS IS DUE TO 2 OB/GYN PATIENTS (ACBA) PLACED ON AN ICU UNIT, BUT NOT REPORTED IN SPECIAL, DESIGNATED ICU MEPRS CODES USED FOR BILLING.**

- **THE 2 OBDs IN ACBA ON AN ICU HAVE TO RECONCILED AND WERE NOT REPORTED AS OBDs IN EASIV SINCE THE PATIENT WAS PLACED ON AN ICU. THESE 2 OBDs IN ACBA WILL BE REPORTED AS HOURS OF SERVICE IN DJ** MEPRS CODE IN EASIV.**

- **WWR = 4849 OBDs LESS 814 ICU OBDS = 4,033 EASIV OBDS**

IMPORTANCE OF STANDARDIZED MEPRS REPORTING – INPATIENT DATA

- **The workload on the WWR, the CHCS Monthly Activity Report, and WAM for inpatient care should be reconciled on a monthly basis for accurate processing in EASIV.**

- **With the exception of DDEAMC, sites are not authorized to report inpatient admissions, OBDs, or dispositions for external workload performed in a civilian institution or VA.**

- **Only IBWA ward rounds which are reported as workload in an 'A' MEPRS code on an outpatient SADR are authorized for external workload agreements.**

- **All inpatient admission, OBDs, dispositions, and IBWA ward rounds should have credentialed provider man-hours reported in DMHRSi in the same 4th level MEPRS code. Workload and man-hours should be reconciled before DMHRSi is closed and interfaced into EASIV.**